DOCUMENT RESUME

ED 327 771 CG 023 075

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TITLE Gender Aware Therapy: Implications for Therapists and Male Clients.
PUB DATE 13 Aug 90
NOTE 21p.; Paper presented at the Annual Convention of the American Psychological Association (98th, Boston, MA, August 10-14, 1990).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Consciousness Raising; *Counseling Theories; Counselor Client Relationship; Counselor Role; Emotional Adjustment; Females; *Feminism; *Males; *Psychotherapy; *Sex Differences; Sex Role; *Sexual Identity
IDENTIFIERS *Gender Aware Therapy

ABSTRACT

Gender Aware Therapy (GAT) has developed in recent years to synthesize feminist theory and knowledge about gender into principles of therapy equally applicable to both men and women. This paper briefly examines the roots of Gender Aware Therapy and describes its principles: (1) conceptions of gender are seen as integral aspects of psychotherapy and mental health; (2) personal problems are considered within their societal context; (3) the therapy actively seeks to change gender injustices experienced by women and men; (4) it emphasizes development of collaborative therapeutic relationships; and (5) it respects clients' freedom to choose views, behaviors, and feelings which are most congruent for them. Psychological concerns specific to male clients for which conceptions of gender may be especially salient are then discussed, and implications of conducting therapy from a gender aware perspective are explored. Finally, some cautions regarding therapy from a perspective of heightened gender awareness are discussed. Twenty-seven references are included. (TE)

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Gender Aware Therapy: Implications for Therapists and Male Clients

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RUNNING HEAD: Gender Aware Therapy

Portions of this paper appeared in Good, G.E., Gilbert, L.A., & Scher, M. (1990). Gender Aware Therapy: A synthesis of feminist therapy and knowledge about gender. Journal of Counseling and Development, 68, 376-380.

Presented at the 98th Annual Convention of the American Psychological Association at Boston, 12 p.m., August 13, 1990.

CG023075

The development of feminist therapy created an evolution in the ways in which psychotherapy is practiced. When feminist therapy evolved, one of its purposes was to facilitate the understanding of women's experiences within their societal context. However, although there has been no parallel of feminist therapy developed for men, recent years have witnessed the beginnings of research on conceptions of the male gender and its detrimental consequences. This new knowledge about gender is just beginning to be incorporated into therapeutic models and practice. To this end, Gender Aware Therapy or "Gee-A-Tee" (GAT) was developed to synthesize feminist therapy and knowledge about gender into principles of therapy equally applicable for both men and women (Good, Gilbert, & Scher, 1990).

This paper will briefly examine the roots of Gender Aware Therapy and will then describe its principles. Psychological concerns specific to male clients for which conceptions of gender may be especially salient will be noted, and implications of conducting therapy from a gender aware perspective will be explored. Finally, some cautions regarding conducting therapy from a perspective of heightened gender awareness will be discussed.

The Roots of Gender Aware Therapy

Sexist notions frequently have been applied to women seeking therapy, usually with deleterious consequences for them. Early feminist therapies noted the power which therapists had over

their clients, most of whom were female. This unquestioned power over women paralleled the social order in which men defined women's needs and characteristics, and on this basis passed judgments about women's optimal functioning. In response, feminist therapies proposed key concepts to correct this situation (Gilbert, 1980).

The women's movement made it apparent that women in our society had not had the full range of options open to them. With regards to the mental health profession, both women clients and helping professionals were cautioned about sexism in the profession. More specifically, women seeking mental health services were encouraged to confront traditional gender roles (APA, 1975), and practitioners were warned that psychotherapy can no longer tolerate sexism in the diagnosis or treatment of women clients, or in the training of practitioners (Marecek & Hare-Mustin, 1987).

As was the case with women prior to the women's movement and advent of feminist therapy, mental health professionals have been found to be biased in their diagnosis and treatment of males who deviate from the traditional male role (Robertson & Fitzgerald, 1990). Most therapies continue to seek to restore troubled men to their traditional gender role model of mental health (i.e., to be strong, assertive, and independent).

Recently, however, concern has been focused on the detrimental aspects of the traditional male gender role

socialization on the psychological development and adjustment of men (e.g., Scher, Stevens, Good, & Eichenfield, 1987). Extant beliefs that men have few problems because of their privileged position in our society have hindered attempts to understand the male gender role and its effects on individual men (Pleck, 1985). Fortunately, in our speedily evolving society, conceptions of optimal mental health have also been rapidly changing. The "adjustment" or "restoration" of clients' mental health--men's or women's--to conformity with traditional conceptions of gender is no longer a necessarily desirable outcome (cf. Cook, 1985).

Principles of Gender Aware Therapy

We argue that the following principles of GAT warrant incorporation within all the many competing and overlapping schools of therapy:

1. Regard Conceptions of Gender As Integral Aspects of Psychotherapy and Mental Health

It is all too easy for therapists to assume that gender plays no part in their clients' lives and in the therapeutic process, despite vast evidence to the contrary. To date the resistance has been strong and the negative consequences in the form of harm to clients has been unfortunately large (APA Task Force, 1975; Hare-Mustin, 1983; Marecek & Hare-Mustin, 1987). Jacklin (1989) recently concluded that, "The times are changing. Change may be occurring too quickly for some, but change is not occurring quickly enough for many girls and boys [and women and

men] limited by their gender roles to less than full lives" (p. 132).

Therapists must not only be non-sexist in their work with clients, they must also understand clients' difficulties within a gender perspective. Nonsexist therapy refers to equal treatments for women and men. Although GAT embraces the need for nonsexist treatment, it also incorporates an understanding of gender effects and sexism in its therapeutic strategies and goals. A case in point is an adult client with a six month old child who is seeking assistance with his or her conflict in combining occupational and family roles. Non-sexist therapy would prescribe that the same issues be raised for both a male or female client. Yet the issues involved in combining work and family often differ remarkably for women and men due to gender role socialization. These differences must be considered and discussed for therapy to be effective.

2. Consider Problems Within Their Societal Context

The personal and the political cannot be separated for women or men in society. Thus, the availability of quality child care or an employer's policy with regard to paternity or maternity leave would need to be considered in understanding the experience of personal stresses and conflicts. It may also be noted that this principle is based on the feminist therapy principle that the personal is political (Gilbert, 1980; Rawlings & Carter, 1977).

3. Actively Seek to Change Gender Injustices Experienced by Women and Men

Although psychotherapy is primarily a means of individual change, not broad social change, an awareness of gender issues and sexism can shape and direct the purpose of therapy such that individual issues can be understood within the context of a patriarchy which has denied, and to a large degree continues to deny, women and men equal access to social, political, and economic resources.

Of particular relevance here is an extension of Freeman's (1975) null environment hypothesis. Specifically, therapists who fail to actively examine gender stereotypes with their clients may inadvertently support traditional conceptions of gender. This occurs because such therapists fail to actively counteract the otherwise pervasive gender biases experienced by our clients within this society. Thus, in the earlier example of a dual career couple, a therapist who neglects to actively explore both the benefits and liabilities of a male client serving as the primary caretaker of children is abandoning the male client to the pervasive societal pressures demanding that he stay at work. Further, as found by Robertson and Fitzgerald (1990), mental health professionals themselves tend to view males serving as primary caretakers of children as more pathological than those who are breadwinners. GAT therapists would encourage the client to also carefully explore other viable options for which there

may be less external support, such as an arrangement requiring mutual accommodation. Likewise, it should not be assumed that the woman in the relationship would want to leave her career to assume child care responsibilities.

4. Emphasize Development of Collaborative Therapeutic Relationships

Extending from feminist therapy, GAT presumes that competent therapists are knowledgeable about how gender constructs affect not only women's and men's lives, but also therapeutic interventions and models of mental health. Further, like feminist therapy, GAT seeks to deemphasize the expert role of the therapist: a collaborative and egalitarian relationship is sought (Gilbert, 1980). This is done to short circuit the competitive urge/drive in men and to empower women. The collaborative and egalitarian therapeutic relationship may also allow clients to experience, recognize, and "own" their tendency to form "socially acceptable" dependent relationships with the opposite sex.

The therapeutic process becomes one of helping clients discover the optimal solutions for themselves with the assistance of the therapist. This process provides the possibility for a freer, less stereotyped relationship. Frequently, clients have not had such an opportunity up until this point, and the effect of such a relationship may be very powerful.

5. Respect Clients' Freedom to Choose

Choice is a no less complex and intriguing an issue today

than it was a thousand years ago. GAT values the rights of people to select views, behaviors, and feelings which are most congruent for them, despite the gender scripts they may have previously learned, currently experience, or fear in the future. This freedom to choose involves having awareness of the messages one has, is, or may experience from others, as well as a sense of what is right for oneself. GAT recognizes, for example, that both rigid traditional and nontraditional gender roles can be equally confining. Individuals are urged to choose that which is right for them, despite dogma: GAT eschews notions of political correctness. For instance, people may choose to generally follow a gender role, yet realize that aspects of that role are not for them. For example, a man who prides himself on his physical strength may also find carrying a purse convenient and a man who loves cooking and caring for the house may also enjoy watching football with the boys. In sum, GAT supports the notion that particular behaviors, preferences, and attributes need not be categorized as falling into the domain of traditional or nontraditional, male or female gender roles. Rather, what GAT advocates is simply choice, despite gender conceptions or political correctness.

Problems for Which GAT Is Recommended

The following is but a brief summary of some problems which have been specifically identified as associated with men's gender socialization. As such, these problems would be especially

appropriate for treatment with GAT. It is important to note, however, that all problems bringing people to therapy are anchored in some way in their view of the world, which is in part determined by the dimensions of their gender roles and how they have been inculcated in their particular case.

Men ascribing to the traditional views of maleness are generally reluctant to ask for help of any sort, even to the point of not asking for directions when lost. Adherence to this traditional role has been found to be associated with men's reluctance to seek assistance for psychosocial concerns (Good, Dell, & Mintz, 1989; Robertson & Fitzgerald, 1989; Werrbach, 1989). Men are prohibited from "giving voice" to that which is perceived as unmasculine such as fears, vulnerabilities, and insecurities. Thus, for many men, normal life reactions are cut off from expression, perhaps eventually even from self-awareness. Hence, at the very thought of seeking therapy, conceptions of gender may have a notable impact.

The traditional male gender role has also been linked to a variety of problems (Harrison, 1978). These problems are hypothesized to include a prohibition against experiencing depression (Warren, 1983). Yet adherence to aspects of the male gender have been found to be associated with an increased likelihood of depression (Good & Mintz, in press). Sexual dysfunction is another problem often related to traditional conceptions of maleness whereby a mistaken emphasis upon control

and performance interfere with normal functioning (Fracher & Kimmel, 1987; Zilbergeld, 1978). Additionally, substance abuse is yet another area likely to contain a significant gender component as men seek to cope with restricted feelings, unacceptable thoughts, and prohibited behaviors through the use of alcohol and/or drugs (Diamond, 1987). Increasing attention is also being focused on the detrimental side of extreme independence. Traditional conceptions of the male gender promote interpersonal isolation, as emotional intimacy is associated with vulnerability. Hence interpersonal intimacy (relationship) and intrapersonal intimacy (self-awareness) become confused with loss of invulnerability, autonomy and instrumentality. Clearly, men have much to learn about the ethics of care and notions of interdependence (cf. Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1982). This has been a synopsis of specific problems of women and men for which GAT would be particularly well suited.

Gender also needs to be examined for its impact upon relationships, marriages, and families (Carter, 1989). Communication patterns, marital dissatisfaction, domestic violence, financial concerns, child rearing, substance abuse, and sexual dysfunction are all concerns which are likely to have roots in gender scripting. For example, a couple involved in repeated domestic violence is highly likely to have gender issues as central to their difficulties (Long, 1987; Scher & Stevens,

1988; Walker, 1979). While couple, marital, and family problems are complex, an awareness of gender socialization by the therapist and utilization of GAT principles is likely to contribute to the effectiveness of treatment.

Case Examples

Alex is a fifty year old bank president with strong religious convictions who came to therapy in the interest of learning more about himself. He had been stirred by a self-help book he had read, as well as a sense of deadness and lack of enjoyment in his life. His marriage was deteriorating and he was generally unhappy and aware of faint stirrings to do something more with his life. During the course of therapy his last child left home, his oldest child married, and he and his wife divorced. The focus of therapy was on understanding the effect of a fragmented and alcohol-soaked childhood as well as understanding the effect of his wholesale acceptance of traditional roles. He yearned to live his life in a way which would give him the joy he sensed was available but which he had denied himself.

The principles of GAT are very relevant in how Alex' therapy proceeded. It was essential for him to understand how the confining qualities of the male gender role had caused him to get into harness and not get out, how the joyless dedication to success had hampered him in experiencing the freedom of letting go and being happy. This role had created in him a far less than

optimal mental health. His problems had to be considered and ameliorated within the context of the broad society and the immediate society. The latter especially as he was a member of the community with high profile and great clout. Changing his life as well as understanding the pressures which maintained it were a significant part of the therapy. Working to undo gender injustices was helpful as he could then affect the lives of many people, and in so doing could discharge his religious responsibilities as well as feel good about himself and enjoy what he was accomplishing. Developing a collaborative relationship in therapy was very important for undoing the destructive impact of an alcoholic father and an excessively controlling mother. It was also valuable in aiding him to learn how not to be an authoritarian. Respecting this client's freedom to choose was not always easy, as his choices did not always appear to his best advantage. However, in not fighting those choices, the collaborative quality of the relationship was emphasized and he learned to make mistakes and thus to take risks. Not playing it safe was a most useful learning for him.

This basically kind and gentle man needed lots of time to discover his feelings, something the therapist was not sure he would do, but he has.

Dale a thirty year old gay male came for therapy to deal with his obsession for a much younger man. Early in the course of therapy he discovered that he was HIV positive. He is

employed as an engineer a local plant of a large national manufacturer. He is a native of the very rural area in which his therapist practices. The focus of the therapy was on coming to terms with his sexual orientation in the face of strong familial disapproval, developing the skills to form long-term relationships, and coping with his health problems.

The principles of GAT apply in this case. It is important to understand that conceptions of gender have strongly influenced this young man in his emotional constriction, need to be independent and autonomous, difficulty in asking for help, and inability to form intimate relationships. These male gender role traits have helped create a situation of far less than positive mental health. It is essential to consider this man's problems in the context of society. Ours is a homophobic, AIDS-phobic culture. This not only has influenced him, it continues to do so every day. For instance, it was necessary in therapy to explore how he would inform his regular medical doctors of his diagnosis. This was a terrifying prospect. (Incidentally, to a person they all responded kindly and decently.) In the therapy it was important for the client to be aware that he was a victim of the injustices of our society and how those injustices had negatively affected him. The therapist, too, became even more aware of the life-corroding atmosphere of our society and experienced a heightened awareness to continue the fight for gender justice. It was essential to develop a collaborative relationship for

several reasons: to empower the client as a man because our culture attempts to emasculate or disempower gay men, to model a relationship for future relationships, to overcome through a positive transference the distorted and abusive relationships with parents. In all of this, the client's freedom to choose his path and the ways in which he would trip down that path was paramount, even when he took steps the therapist did not like. This courageous and likable man continues the journey.

Cautions

GAT is a potentially powerful approach to the amelioration of psychological difficulties. This manner of viewing clients in their gender contexts is likely to change how they progress in dealing with their lives. However, therapists must also utilize care due to the social, political, as well as personal implications of this approach. Changing rights, roles, and privileges are political acts and the repercussions for individuals and society are significant (Scher, 1984). In short, GAT is not a philosophical position to be taken lightly.

Due to the nascent nature of gender theory and research coupled with recognition of the salience of gender issues in the lives of clients, therapists must often work beyond the current bounds of empirically validated knowledge of gender. This is a necessary but not ideal state of affairs. At this point, the challenge for therapists is to integrate gender theories, case reports, and empirical research and then to apply this knowledge

of gender to the idiosyncratic needs of their individual clients. Thus, therapists seeking to address the gender issues of their clients face significant challenges in their efforts to develop and facilitate healing interventions. The possibility of change in such a core concept as one's gender role is often surprising and disorienting; most people are raised believing that gender qualities are givens rather than learned. Even when interventions are wisely chosen, many clients are implicitly or explicitly resistant to changing elements of their conceptions about gender.

It is not desirable to indiscriminately force clients in a non-traditional direction. Therapists need to be cognizant of gender issues that may lead to their devaluing clients with differing views from that of the therapist (i.e., countertransference). Further, GAT should also not be applied indiscriminately across different ethnic groups. Clearly, more research, writing, and dialogue are necessary to investigate the application of GAT across different ethnic, socio-economic, and life stage groups.

Conclusion

It is time to end the era of sexism and gender oblivion in the mental health profession. GAT advocates that counselors need to possess the knowledge, attitudes, and skills necessary to assist women and men in leading lives free of oppressive societal and personal stereotypes of gender. To help accomplish this, GAT

proposes guiding principles which include: 1) regarding conceptions of gender as integral to therapy, 2) considering problems within their societal context, 3) actively seeking to change gender injustices, 4) emphasizing development of a collaborative therapeutic relationship, and 5) respecting clients' freedom to choose. As our society continues to change rapidly and increase in complexity, the ability to be situationally flexible appears desirable. GAT encourages clients to gain an understanding of societal conceptions of gender and how they limit the feelings, thoughts, and behaviors of men and women. An important goal of GAT is to help clients learn to act in new ways which allow them to develop healthier and more fulfilling lives.

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